PTO/SRIOS (\$2-04)

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U.S. Patent end Tredemark Office; U.S. DEPARTMENT OF COMMERCE
sperwork Reduction Act of 1895, no persons see exquired to respond to a cohection of information unless it displays a wolld OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FLED MUMBER EXTRA FOR RATE (5) FEE (5) RATE (5) FEE (S) BASIC FEE DT CFR LIE(1), (b), or (c) NZA NA NIA NYA SEARCH FEE SUA N/A NIA MA (37 CFR 1.16(1), (7), or (40)) **EXAMINATION FEE** NZA MA NA NA (37 CFR 1.16(a) (ch) or (at) TOTAL CLAIMS (37 CFR 1.16(1)) OR INDEPENDENT CLAIMS minus 3 = 9 (37 CFR 1.16(N)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE ts \$250 (\$125 for small entity) for each additioned 50 sheets or traction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(s). FEE (37 CFR 1.16(a)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) NA RVA TOTAL TOTAL Till the difference in column 1 is less than zero, enter "V" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN **O**R (Column 2) (Coturer 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS PRESENT RATE (\$) RATE (\$) REMAINING ADOI ADOI-TIONAL NUMBER • AFTER AMENDMENT PREVIOUSLY **EXTRA** TIONAL FEE (8) FEE (5) AMENDMENT PAID FOR Total prom Lien D 50 20 OR Mous Independent (U CFR 1.14(II)) อ 200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (UT OFR 1.180)) Æ OR NA TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLABAS HIGHEST PRESENT RATE (\$) RATE (S) ADDI-REMAINING MINNER ADOI-5 AFTER AMENDMENT TIONAL FEE (\$) FXTRA TIONAL FEE (5) PAID FOR Total OF OFR LINES OR independent OF OFR LISPO Minus OR ¥ on Size Fee (37 CFR 1.16(a)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.48Q) N/A ΔR MA

* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a bernefit by the public which is to file (and by the USPTO to process) an application. Conflidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gasharing, preparing, and adminising the complete optication form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete his form entitle suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS 10 THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL ADD'L FEE

TOTAL ADO'L FEE

OR